



# County of Los Angeles CHIEF EXECUTIVE OFFICE

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WILLIAM T FUJIOKA  
Chief Executive Officer

March 12, 2014

To: Supervisor Don Knabe, Chairman  
Supervisor Gloria Molina  
Supervisor Mark Ridley-Thomas  
Supervisor Zev Yaroslavsky  
Supervisor Michael D. Antonovich

From: William T Fujioka  
Chief Executive Officer

Board of Supervisors  
GLORIA MOLINA  
First District

MARK RIDLEY-THOMAS  
Second District

ZEV YAROSLAVSKY  
Third District

DON KNABE  
Fourth District

MICHAEL D. ANTONOVICH  
Fifth District

## **IMPLEMENTATION PLANS FOR THE HOMELESS PREVENTION INITIATIVE REPROGRAMMING AND ONGOING FUNDING RECOMMENDATIONS - SINGLE ADULT MODEL AND YOUTH DEMONSTRATION PROJECT (ITEM 5, AGENDA OF NOVEMBER 12, 2013)**

On November 12, 2013, a motion by Supervisor Mark Ridley-Thomas directed the Chief Executive Office (CEO) to:

- a. Establish a single adult model to provide an infrastructure to reduce homelessness for the single adult population, which includes multidisciplinary integrated teams to provide street and shelter-based intensive engagement and support, rental subsidies, ongoing case management, and supportive services to support the start-up costs for year one and subsequent years of the program;
- b. Continue to fund \$1.0 million annually for the Homeless Families Solution System;
- c. Building on best practices, direct the CEO and Community Development Commission to consult with appropriate county departments on strategies to procure or develop permanent housing for homeless youth transitioning out of the dependency and/or delinquency systems with mental illness and multiple challenges utilizing, at a minimum, \$1.0 million of one-time savings;
- d. Provide the Los Angeles Homeless Services Authority with up to \$250,000 additional funding on an annual basis to provide up to 135 additional winter shelter beds;

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- e. Disburse the currently unspent countywide one-time Homeless Prevention Initiative (HPI) funds and any ongoing non-district funds by service planning areas, based on the latest homeless counts of the four continuums of care in Los Angeles County; and
- f. Return to the Board within 120 days with the detailed implementation plan, budgets and funding proposals for all the programs identified to receive reprogrammed HPI funding, pursuant to the CEO's October 30, 2013 report.

As requested, attached are the implementation plans and corresponding exhibits for the Single Adult Model and Youth Demonstration Project in accordance with my October 30, 2013 report.

If you have any questions or need additional information, please contact me, or your staff may contact Antonia Jiménez at (213) 974-7365, or via e-mail at [ajimenez@ceo.lacounty.gov](mailto:ajimenez@ceo.lacounty.gov).

WTF:AJ:CDM  
LB:eb

#### Attachments

- c: Executive Office, Board of Supervisors  
County Counsel  
Community Development Commission  
Children and Family Services  
Health Services  
Housing Authority of the City of Los Angeles  
Los Angeles Homeless Service Authority  
Mental Health  
Probation  
Public Health  
Public Social Services



March  
2014

# **COUNTY OF LOS ANGELES**

## **Homeless Prevention Initiative (HPI)**

### **Single Adult Model (SAM) and Youth Demonstration Project Implementation Plans**

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# Single Adult Model and Youth Demonstration Project Implementation Plans

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## Background

On June 11, 2013, a Board motion co-authored by Supervisors Mark Ridley-Thomas and Zev Yaroslavsky was approved to apply lessons learned implementing the Homeless Prevention Initiative (HPI) over the last seven years as it relates to the critical importance of permanent supportive housing, leveraging existing available funding, integrating and prioritizing services across all departments to prevent and address homelessness, and combating homelessness in overburdened communities. The motion directed the Chief Executive Officer (CEO) to develop recommendations, in consultation with the Los Angeles County Interdepartmental Council on Homelessness (LACICH), to reprogram HPI unspent one-time funds and ongoing non-district funds in a manner that promotes permanent supportive housing (PSH) and best practices in serving homeless. In addition, the motion directed the CEO to develop recommendations that reprograms resources, based on geographic burden, to ensure 150 winter shelter beds are funded on an ongoing basis, and to strategically target particular homeless populations by developing models that provide tailored interventions to greatly reduce homelessness for specific subgroups.

On October 30, 2013, the CEO released a Board memo and report which included recommendations for reprogramming HPI unspent one-time funds and ongoing non-district funds for PSH targeting single adults, families and youth.

On November 12, 2013, a motion by Supervisor Mark Ridley-Thomas was approved by the Board which directed the CEO, in coordination with the departments of Health (DHS), Mental Health (DMH), Public Social Services (DPSS), Public Health (DPH), Children and Family Services (DCFS) and the Community Development Commission (CDC), to implement the recommendations included in the October 30, 2013 report. This motion required the CEO to return to the Board within 120 days with a detailed implementation plan, budgets and funding proposals for all programs identified to receive reprogrammed HPI funding.

## SINGLE ADULT MODEL

One of the recommendations made in the October 30, 2013 report, which the November 12, 2013 Board motion directed the CEO to take action on, was the establishment of the Single Adult Model (SAM) to build an infrastructure to reduce homelessness for the single adult population. The SAM model aligns with nationally recognized best practice models for serving this population, and includes several of the Los Angeles County Interdepartmental Council on Homelessness (LACICH) November 2012 Roadmap recommendations. SAM will establish a collaborative partnership between multiple County departments to provide homeless single adults with rental subsidies, ongoing case management, supportive services and Multidisciplinary Integrated Teams (MITs) to provide street and shelter-based intensive engagement and support.

In addition, the SAM model aligns with one of the DPSS General Relief (GR) restructuring recommended actions (recommended action #2), which was approved by the Board on October 6, 2009. The recommendation calls for the CEO to convene a committee of County departments and develop an innovative service integration model to serve GR participants who are high-users of County services, as part of a broader County pilot.





## **Single Adult Model and Youth Demonstration Project Implementation Plans**

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The SAM implementation plan was developed by an interdepartmental workgroup comprised of the following departments: CEO, DHS, DMH, DPSS, DPH and the CDC. There was extensive collaboration between these departments, and, as a result, all workgroup participants collectively developed the implementation plan. In addition, through this collaborative process, there were several leveraging opportunities that were incorporated into this plan.

### **Target Population**

The target population for SAM is homeless single adults. SAM participants will either be a DPSS General Relief (GR) participant or an individual identified by one of seven MITs that will be conducting street and shelter-based outreach and engagement. DPSS will identify candidates for SAM by reviewing Enterprise Linkages Program (ELP) data and determining which GR recipients are high utilizers of DMH and/or DHS services. High utilizers of these services is defined as 1) having been hospitalized and/or gone to the emergency room two or more times in the past twelve months, and 2) having had one or more psychiatric and/or medical conditions, making them likely candidates for Supplemental Security Income (SSI). The MITs will identify candidates for SAM by using an assessment tool which identifies individuals with severe mental illness and other vulnerabilities, such as physical health conditions and/or substance abuse.



## Single Adult Model and Youth Demonstration Project Implementation Plans

### SAM Program Components

Table 1 highlights and describes each of the program components of SAM.

**Table 1**

<b>Program Component</b>	<b>Description of Program Components</b>	<b>Leveraged Funding/Resources</b>
<b>Multi-disciplinary Integrated Teams (MITs)</b>	<ul style="list-style-type: none"><li>Each MIT will include 5 team members to engage street and shelter-based homeless individuals with serious mental illness to help them secure permanent housing and the supportive services needed to keep them housed.</li><li>There will be seven MITs, one in each of Service Planning Areas (SPAs) 1,2,4,5,6,8 and one for SPAs 3 and 7 combined.</li></ul>	DMH receives \$1.2M in federal PATH funding for outreach and case management services to the homeless mentally ill population that will be leveraged with the HPI funding.
<b>Case Management and/or Supportive Services</b>	<ul style="list-style-type: none"><li>For SAM participants who enter through a MIT, the MIT will continue to provide case management and supportive services until the individual is stably housed and connected to a DMH-funded long-term case manager.</li><li>For SAM participants who enter through DPSS, a DMH or DHS case manager will be assigned to them based on whether health or mental illness is their primary condition.</li></ul>	DHS will leverage their intensive case management program and DMH will leverage SB 82 to link clients to services and intensive service programs, such as FSP and FCCS, to meet the case management/supportive service needs of participants.
<b>Interim Housing</b>	<ul style="list-style-type: none"><li>Existing emergency/interim housing will be used for short term housing while the permanent housing search, housing application, landlord negotiations, etc. are being completed.</li></ul>	DHS, DMH, and LAHSA have hundreds of emergency/interim beds that can be leveraged, such as shelter, stabilization beds, motel vouchers and recuperative care, and used for eligible SAM participants.
<b>Rental Subsidy Program</b>	<ul style="list-style-type: none"><li>DHS' existing rental subsidy operator will identify appropriate housing, negotiate rental leases, write checks to landlords and maintain an inventory of rental properties (market rate rentals, affordable housing units and permanent supportive housing units) throughout LA.</li></ul>	DHS administers this program and DHS, Hilton Foundation and SD 2 have contributed funding. Other County departments or agencies can contribute in the future for any target population.



## Single Adult Model and Youth Demonstration Project Implementation Plans

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### Number of SAM Permanent Housing Slots

GR Participants	MIT Participants
330	80

There will be 330 slots for GR participants and 80 slots for the MITs. Once full, these slots will only become available through attrition and from increased tenant rental contributions. SAM participants will be expected to contribute 30% of their income to rent. If individuals have an increase in their income due to a change in public benefits or employment opportunities, their monthly contribution will also increase. In addition, DPSS and the CEO are exploring opportunities to reinvest Interim Assistance Revenue into the rental subsidy pool for additional slots.

### Staffing

The following staff will be hired to operate SAM:

**SAM Director** – This position directs, coordinates, implements and manages all aspects of the SAM program and will be responsible for overseeing the day-to-day operations. In addition, the Director of SAM must evaluate the program, recommend needed revisions to the model, supervise the SAM staff and provide professional and technical guidance to the collaborative. This position will be housed at DHS and supervised by the Housing for Health Director.

**MIT Coordinator** – This position will be responsible for overseeing the MIT program implementation, day-to-day operations of the MITs and monitoring the MITs for contract compliance. In addition, this position will provide technical assistance to the MITs. This position will be housed at DMH and supervised by the MIT Program Manager.

**Triage Navigator - Linkages** – This position is responsible for providing administrative and programmatic oversight of SAM, with a focus on overseeing the linkages to DHS or DMH case management and other supportive services. This position will be housed at DHS and supervised by the Director of SAM.

**Triage Navigator - SSI** – This position is responsible for providing administrative and programmatic oversight of SAM, with a focus on overseeing the application and acquisition of SSI for SAM participants for quick access to SSI benefits. This position will be housed at DHS and will be supervised by the Director of SAM.

Attachments I, II, III and IV are the job duty statements for these positions.





## Single Adult Model and Youth Demonstration Project Implementation Plans

### Collaborative Structure of SAM

The SAM is a multi-departmental collaborative that will include DMH, DHS, DPSS, DPH, and CDC to create a County infrastructure for addressing homeless single adults. The goal of the program is to permanently house and provide supportive services to homeless single adults who have physical and/or mental health conditions, and who may also have a co-occurring substance use disorder.

The SAM interdepartmental workgroup agreed that an Executive Steering Committee (ESC) comprised of staff from DMH, DHS, DPSS, DPH and CDC should oversee and guide this effort. In addition, the workgroup recommends that the SAM Director and Triage Navigators be administratively supervised and housed at DHS, and that the SAM MIT Coordinator be administratively supervised and housed at DMH. DPSS will centrally coordinate referrals to SAM based on heavy user criteria and will use their existing Advocate Liaison system for assisting SAM staff in coordinating access to DPSS benefits for SAM participants. The SAM Director will ensure that all SAM staff work in a collaborative manner, and that there is regular communication regarding all SAM program participants, activities and outcomes. The SAM Director will convene and chair the Executive Steering Committee.

Table 2 indicates the Executive Steering Committees role and responsibilities:

**Table 2**

Executive Steering Committee (ESC)	
<b>Role:</b>	The executive steering committee will provide collaborative and executive direction on SAM staffing, administration, operations and monitor program outcomes.
<b>Members:</b>	Managers with decision-making authority from: DMH, DHS, DPSS, DPH and CDC
<b>Responsibilities:</b>	<ul style="list-style-type: none"><li>➤ Develop SAM policies and procedures</li><li>➤ Develop an MOU with all collaborative departmental partners</li><li>➤ Oversee SAM implementation and operations</li><li>➤ Oversee data collection and evaluation</li><li>➤ Monitor the HPI and SAM budgets</li><li>➤ Establish case conference processes, procedures, and frequency</li><li>➤ Discuss and problem-solve challenging cases</li><li>➤ Review and make decisions related to changes in staffing, administrative and funding issues</li></ul>
<b>Meeting Frequency:</b>	<ul style="list-style-type: none"><li>➤ Meet regularly during the development phase of SAM and for the first six months of SAM implementation</li><li>➤ Meet monthly during the first year of operation</li><li>➤ Meet bi-monthly or as needed in the second year of operation</li></ul>



## Single Adult Model and Youth Demonstration Project Implementation Plans

Table 3 lists the roles/responsibilities of each partnering County Department.

**Table 3**

County Department	Role	Responsibilities
<b>Department of Health Services (DHS)</b>	Provides administrative oversight of SAM activities and of the Rental Subsidy Operator (RSO) contract	<ul style="list-style-type: none"> <li>➤ Participates in the ESC</li> <li>➤ Hires and supervises the SAM Director, with input from the ESC</li> <li>➤ Hires and supervises the SAM triage navigators who will report to the SAM Director</li> <li>➤ Oversees and manages the RSO contract</li> <li>➤ Oversees coordination between Triage Navigators, DPSS HCMs, MIT Coordinator, and DHS or DMH case manager</li> </ul>
<b>Department of Mental Health (DMH)</b>	Directs administration of the Multidisciplinary Integrated Teams (MITs)	<ul style="list-style-type: none"> <li>➤ Participates in the ESC</li> <li>➤ Hires and supervises the MIT Coordinator</li> <li>➤ Implements, oversees and monitors all activities related to the MITs and corresponding contractors</li> <li>➤ Oversees coordination between Triage Navigators, DPSS HCMs and DHS or DMH case manager</li> </ul>
<b>Department of Public Social Services (DPSS)</b>	Ensures that eligible homeless disabled GR participants on the SSI track are linked to SAM and assist eligible SAM participants (from MITs) who are not eligible for, or not yet on SSI, with access to DPSS services	<ul style="list-style-type: none"> <li>➤ Participates in the ESC</li> <li>➤ Identifies GR SAM eligible participants</li> <li>➤ Supervises DPSS staff assigned to SAM</li> <li>➤ Oversees coordination between DPSS staff assigned to SAM, Triage Navigators, and DHS or DMH case manager</li> </ul>
<b>Department of Public Health (DPH)</b>	Provides access to substance abuse treatment for SAM participants	<ul style="list-style-type: none"> <li>➤ Participates in the ESC</li> <li>➤ Trains DMH and DHS case managers on the Screening Brief Intervention and Referral Treatment (SBIRT) tool which indicates what intervention should be used for low-risk individuals</li> <li>➤ Accepts referrals at the DPH funded Community Assessment Services Center (CASC) for high risk individuals who need treatment or detox</li> </ul>



## Single Adult Model and Youth Demonstration Project Implementation Plans

County Department	Role	Responsibilities
<b>Community Development Commission (CDC)</b>	Provides access to project-based permanent housing units and housing vouchers, when available	<ul style="list-style-type: none"><li>➤ Participates in the ESC</li><li>➤ Notifies the RSO of new housing units that require rental subsidies</li><li>➤ Prioritizes SAM participants</li></ul>
<b>Chief Executive Office (CEO)</b>	Coordinates and supports the SAM implementation and offers technical assistance, as needed	<ul style="list-style-type: none"><li>➤ Assists the collaborative to get SAM implemented</li><li>➤ Provides technical assistance or consultation, as needed</li></ul>

### Description of SAM Processes

Attachment V is a flow chart that highlights all of the SAM business processes from beginning to end.

There are two ways a single adult can become a SAM participant: 1) through the DPSS GR program or 2) through a MIT.

DPSS will identify GR participants who are deemed the heaviest users of County services according to the target population criteria. They will outreach to these GR participants to set-up an appointment and determine if they are eligible and interested in SAM. If so, DPSS will complete a SAM PSH Application and submit it to the SAM Triage Navigator who will review the application, enter the demographic and other information into the SAM database, and will begin tracking the participant. The SAM TN will review the ELP database to determine if the participant should be assigned to DMH or DHS for case management services. This decision will be based on service utilization data and what appears to be the primary diagnosis. The SAM TN will then contact either the MIT Coordinator at DMH or the access and referral staff of Housing for Health at DHS to link the new SAM participant with a case manager. The assigned case manager will work with DPSS staff to connect with the participant and ensure a warm hand-off.

Under SAM, each SPA will have a MIT that will be doing intensive homeless outreach and engagement in their region. Once the team has assessed that an individual meets SAM and DMH eligibility criteria and is considered to have high vulnerability as determined by a standardized assessment tool, a MIT team member contacts the MIT Coordinator who will approve enrollment into the program. The MIT Coordinator will then forward the information to the SAM Triage Navigator who will review the application, enter the demographic and other information into the SAM database and will begin tracking the participant.

A SAM participant will have either a MIT case manager (if they are referred to the program from a MIT) or a DMH or DHS case manager from another program (if they are referred from DPSS). The participant will work with their case manager to complete all needed documentation, including the





## Single Adult Model and Youth Demonstration Project Implementation Plans

SAM Rental Subsidy Application. The case manager works with the Rental Subsidy Operator (RSO) to begin matching the participant with the best type/location of housing given their particular needs. The RSO negotiates the terms of the lease with the landlord and completes a housing quality standards assessment of the unit. The SAM participant signs the lease, moves into the permanent housing unit, and pays 30 percent of their income toward the rent. The RSO makes the subsidized rental payment to the landlord on behalf of the SAM participant.

If the SAM participant is referred by DPSS, then the long-term supportive and housing retention services are provided by the DMH or DHS case manager. If the SAM participant is referred by a MIT, then they are linked to a DMH case manager for long-term supportive services and housing retention services after the MIT provides the initial nine month transition into housing.

### Performance Measures

Table 4 highlights the performance measures and goals that will be established for the SAM program.

**Table 4**

Performance Measures	Performance Goals
Percent of individuals who are referred and accepted into SAM PSH program who obtain permanent housing	70%
Percent of individuals who are referred and accepted into SAM PSH program who obtain permanent housing within 3 months of PSH application	70%
Percent of SAM tenants who remain housed after 12 months	85%
Percent of SAM tenants who remain housed after 24 months	60%
Percent of SAM enrolled participants linked to any of the following needed services: <ul style="list-style-type: none"><li>• DPSS benefits (CalFresh, Medi-Cal, GR, IHSS)</li><li>• Medical home</li><li>• Mental health home, if needed</li><li>• Substance abuse services, if needed</li><li>• SSI</li></ul>	90%





# Single Adult Model and Youth Demonstration Project Implementation Plans

## Budget

Single Adult Model Budget FY 2014-15 - FY 2015-16						
	FY 14-15			FY 15-16		
	HPI	DMH	Total	HPI	DMH	Total
<b>SAM Staffing</b>						
Director (1.0 FTE)	\$ 165,000	\$ -	\$ 165,000	165,000	\$ -	165,000
Triage Navigator (2.0 FTE)	244,000	-	244,000	244,000	-	244,000
MIT Coordinator (1.0 FTE)	120,000	-	120,000	120,000	-	120,000
DPSS SAM Staff (1.5 FTE)	230,000	-	230,000	230,000	-	230,000
<b>Total SAM Staffing</b>	<b>759,000</b>	<b>-</b>	<b>759,000</b>	<b>759,000</b>	<b>-</b>	<b>759,000</b>
<b>Rental Subsidy</b>						
Rental Subsidies - GR	2,970,000	-	2,970,000	2,970,000	-	2,970,000
Move in Cost - GR	177,000	-	177,000	177,000	-	177,000
Rental Subsidies - MIT	720,000	-	720,000	720,000	-	720,000
Move in Cost - MIT	44,000	-	44,000	44,000	-	44,000
Rental Subsidy Fee	130,000	-	130,000	130,000	-	130,000
<b>Total Rental Subsidy</b>	<b>4,041,000</b>	<b>-</b>	<b>4,041,000</b>	<b>4,041,000</b>	<b>-</b>	<b>4,041,000</b>
<b>Multidisciplinary Integrated Team (MIT)</b>						
Psychiatric SWII (7.0 FTE)	148,000	521,000	669,000	148,000	521,000	669,000
Medical Case Worker (7.0 FTE)	80,000	281,000	361,000	80,000	281,000	361,000
Substance Abuse Counselor (7.0 FTE)	88,000	307,000	395,000	88,000	307,000	395,000
Community Worker/Peer Advocate (7.0 FTE)	78,000	270,000	348,000	78,000	270,000	348,000
Registered Nurse (4.0 FTE)	500,000	-	500,000	500,000	-	500,000
Consulting Psychiatrist Services	106,000	369,000	475,000	106,000	369,000	475,000
<b>Total MIT</b>	<b>1,000,000</b>	<b>1,748,000</b>	<b>2,748,000</b>	<b>1,000,000</b>	<b>1,748,000</b>	<b>2,748,000</b>
<b>Total SAM Budget</b>	<b>\$ 5,800,000</b>	<b>\$ 1,748,000</b>	<b>\$ 7,548,000</b>	<b>\$ 5,800,000</b>	<b>\$ 1,748,000</b>	<b>\$ 7,548,000</b>

The budget for the first year of SAM will be \$5.8M of one-time HPI funding as was outlined in the October 30, 2013 report. The budget for Fiscal Year (FY) 2015-16 includes \$5M of reprogrammed HPI ongoing funding, and assumes an additional \$400K of savings accrued in FY 2014-15 from the DPSS Housing Locator program, and another \$400K of savings accrued from the GR Applications at County Medical Centers program.

The \$5M of HPI ongoing funding that was allocated to SAM was included in the October 30, 2013 report recommendations that were approved by the Board on November 12, 2014. The \$5M was a portion of funding that was reprogrammed from the DPSS GR, Housing Subsidy and Case Management, DPSS CalFresh and GR Applications at County Jails and County Medical Centers and Housing Locator/Specialists programs.



## Single Adult Model and Youth Demonstration Project Implementation Plans

### Geographic Distribution of Resources

Based on the homeless counts from the Los Angeles Homeless Services Authority (LAHSA) and other Los Angeles County Continuums of Care, the geographic percentage of burden are as follows:

Service Planning Area (SPA)	2013 LA No. Homeless Single Adult Count	2013 Other Continuums No. Single Adult Count	Total Number of Single Adults	% per SPA
SPA 1	6,539		6,539	13%
SPA 2	6,719	202 (Glendale)	6,921	14%
SPA 3	3,935	561 (Pasadena)	4,496	8%
SPA 4	8,598		8,598	17%
SPA 5	3,932		3,932	8%
SPA 6	9,434		9,434	19%
SPA 7	1,901		1,901	4%
SPA 8	5,245	3,147 (Long Beach)	8,392	17%
<b>Total</b>	<b>46,303</b>	<b>3,910</b>	<b>50,213</b>	<b>100%</b>

Based on the budget available, allocations of resources were distributed with the intent of both meeting the needs of all homeless single adults as identified through homeless count data, while also providing coverage in each SPA. It is important that each SPA have a full MIT team to ensure the fidelity of the MIT model. Therefore, it is recommended that six MITs be created in SPAs 1, 2, 4, 5, 6, and 8, and that there be one MIT for SPAs 3 and 7. Due to budgetary constraints, 4 full-time equivalent registered nurses will be assigned to the MITs according to geographic need. The MIT and GR rental subsidies will also be aligned according to the homeless count percentage per SPA. SAM participants will have the option of being housed in the community of their choosing, if appropriate housing is identified. The allocation of resources will be monitored and reassessed over the first year of operation to determine if revisions are needed.

### Next Steps

The CEO will transfer the one-time HPI funding in the amount of \$5.8M via Departmental Service Order (DSO) to the respective departments by July 1, 2014 to begin implementation. DMH released a Request for Proposals (RFP) on March 4, 2014 for the PATH program that includes language referencing the leveraging of HPI funding for the MITs. DMH anticipates completing the evaluation of the MIT proposals, negotiating contracts and seeking Board approval to enter into contracts in July 2014. The departments can begin the hiring process for SAM staff June 1, 2014 for a July 1, 2014 start date. Services will begin on July 1, 2014.



## Single Adult Model and Youth Demonstration Project Implementation Plans

The below timeline highlights the anticipated timeframes, responsible entities and activities needed to be performed to implement the SAM model.

Timeline	Responsible Entity	Activity
March 2014	DMH	PATH RFP released
May 2014	CEO	DSO to departments for SAM components
June 2014	DMH	<ul style="list-style-type: none"><li>▪ Completes review and recommendation process for contract awards for PATH RFP</li><li>▪ Submits Board Letter to enter into contracts</li></ul>
	DMH/DHS	Hiring of SAM staff begins
July 2014	DMH/DHS	Hiring of SAM staff is completed
	SAM Collaborative	SAM begins
August 2014	SAM Collaborative	Executive Steering Committee (ESC) meeting
September 2014	SAM Collaborative	ESC meeting
October 2014	SAM Collaborative	ESC meeting
November 2014	SAM Collaborative	ESC meeting
December 2014	SAM Collaborative	ESC meeting



## Single Adult Model and Youth Demonstration Project Implementation Plans

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### YOUTH MODEL

The November 12, 2013 Board motion additionally directed the CEO and the CDC to utilize \$1M, build on best practices and consult with the appropriate departments on strategies to procure or develop permanent housing for homeless youth transitioning out of the dependency and/or delinquency systems, who have mental illness and multiple challenges.

The CEO established a workgroup made up of representatives of CDC, DMH, DCFS and Probation. The workgroup process resulted in the development of the Youth Demonstration Project (YDP). The YDP will provide specialized and intensive supportive services for youth that aligns with existing housing units or housing units in the pipeline. The goal of the YDP is to demonstrate that youth with the greatest challenges can be permanently housed, with or without previous congregate/transitional housing experiences, and can achieve stability and self-sufficiency with the right type and amount of supportive services.

There are two plans that have been vetted by the YDP workgroup. Plan A will be the first approach. If there are no compelling and/or fundable programs identified through Plan A, then Plan B will be initiated.

### Youth Development Project - Plan A

The CDC will issue a RFP for a qualified housing developer and/or supportive service provider that can: 1) demonstrate the qualifications to implement the YDP, 2) provide intensive case management services focused on coaching, mentoring, employment and educational services, and 3) secure permanent housing for homeless youth transitioning out of the dependency and/or delinquency systems, who have mental illness and multiple challenges. The RFP will make available up to \$900,000 of one-time HPI funds for the implementation of the demonstration program. Applicants will be evaluated on their prior experience providing similar services to this population; description of the implementation of the demonstration program, including prescribed service components; proposed outcomes; budget; and a written commitment for rental subsidies and/or units. The program must demonstrate readiness to begin implementation within twelve months of the award of funding.

Potential bidders will have to:

- Be willing to accept the target population referred by DCFS, Probation and/or DMH
- Ensure the targeted population meets all requirements and/or guidelines of the various funding sources of the respective housing units
- House and serve up to 20 youth
- Provide a scope of work that describes how they will meet the supportive services and staffing expectations outlined below
- Provide a line item budget that aligns with the supportive services, number of youth to be served, etc., over a three year period





## **Single Adult Model and Youth Demonstration Project Implementation Plans**

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### **Youth Development Project - Plan B**

If Plan A does not result in a fundable housing developer and/or supportive service provider, the CDC will make available up to \$900,000 of one-time HPI funds in their Notice of Funding Availability (NOFA) Round 20 to be issued in Fall 2014. The RFP will be for a qualified housing developer and/or supportive service provider that can: 1) demonstrate the qualifications to implement the YDP, 2) provide intensive case management services focused on coaching, mentoring, employment and educational services, and 3) secure permanent housing for homeless youth transitioning out of the dependency and/or delinquency systems with mental illness and multiple challenges. The funds will be made available to developers who are interested in leveraging their application for capital funding to develop permanent supportive housing units for this population, commit to providing the necessary units, and conduct the intensive case management services necessary to develop and implement the demonstration program.

Selection of a qualified applicant to administer the demonstration program will be evaluated on their prior experience providing similar services to this population; description of the implementation of the demonstration program, including prescribed service components; proposed outcomes; budget; and a written commitment for rental subsidy and units. Applicants must be applying for capital funds made available through the NOFA to qualify for the HPI funding. The selected project will have demonstrated readiness to apply for Tax Credit Allocation Committee (TCAC) in the 2015 calendar year, and to implement the supportive services component at time of lease-up and occupancy in 2017.

### **Youth Demonstration Project NOFA Expectations**

#### **Supportive Services**

The supportive services that will be provided include intensive on-site case management services that focus on coaching and mentoring the youth over a three-year period. A reasonable client to case manager caseload ratio is no more than 1 to 5. The case manager must take a “whatever it takes approach” to coaching and mentoring each youth, with a focus on employment, education, and vocational training that leads to housing stability, well-being and self-sufficiency.

In addition to coaching and mentoring the youth, the case manager will provide and/or coordinate the following supportive services:

- Mental health treatment & medication support
- Health and dental services
- Independent living skills
- Benefits advocacy, if needed
- Life skills
- Education and vocational training
- Employment counseling and assistance with job search/acquisition
- Behavioral intervention program with goals, consequences and a disciplinary structure process that is not punitive, but aims to keep youth housed and stable
- Residential drug/substance abuse treatment



## **Single Adult Model and Youth Demonstration Project Implementation Plans**

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- Child care assistance, if needed
- Parenting skills training, if needed
- Money management
- Transportation services

Potential bidders will have to describe how they will provide the case management and supportive services in an innovative manner that includes intensive coaching and mentoring and that results in long-term self-sufficiency. Self-sufficiency planning must focus on stabilizing mental health symptoms, securing employment, vocational or educational opportunities, and learning life skills to maintain overall well-being.

In addition, potential bidders will be expected to describe how they intend to provide or coordinate the following supportive services:

### **Mental Health Treatment**

Mental health services and medication support.

### **Substance Abuse Treatment**

Substance abuse services including counseling, classes, and/or groups.

### **Education and Job Training**

Counseling and assistance in identifying an educational path, job and life skills training, trade skills classes, self-esteem classes and leadership development.

### **Employment Counseling and Job Placement**

Counseling and classes including identifying jobs in the market place, how to apply for a job, employment readiness classes, employment workshops, and outreach to community employers to assist youth in finding employment. Coordination of vocational training through the Department of Rehabilitation, Job Training Partnership Act, and other community resources.

### **Independent Living Skills**

Training and assistance on food shopping, meal planning, nutritional counseling, cooking, housekeeping, budgeting, money management, utilization of public transportation, use of community resources, laundry, personal relations, neighbor relations, etc.

### **Money Management**

Training and assistance on balancing a check book, creating and maintaining savings plans, developing household budgets, and organizing bill payment schedules.

### **Community Development and Resident Council**

Development of a Resident Advisory Council to provide a forum where youth can suggest, discuss, and create communal living policies, such as: building rules and regulations; orienting new tenants; developing, implementing and reviewing emergency procedures; providing peer support; providing a forum for tenant complaints and issues; and coordinating social activities, such as holiday dinners, talent showcases, and movie nights.



## Single Adult Model and Youth Demonstration Project Implementation Plans

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### Childcare Assistance

Assistance to secure suitable childcare for any YDP youth with children.

### Next Steps

The CEO will transfer the one-time HPI funding in the amount of \$1M via DSO to the CDC by July 1, 2014 to begin the RFP process. CDC will release an RFP for Plan A in July 2014. If there are no fundable proposals, then CDC will initiate Plan B and include the YDP in the Fall 2014 NOFA for new housing developments.

The below timeline highlights the anticipated timeframes, responsible entity and activities needed to be performed to implement the YDP.

Timeline	Responsible Entity	Activity
July 2014	CDC	Release Plan A RFP
August 2014	CDC	Conduct RFP Panel Review
September 2014	CDC	If there is a fundable proposal, develop and execute contract with the selected provider
October 2014	CDC	Selected provider to begin services
October 2014	CDC	Release plan B NOFA (if Plan A was not viable)
November/December 2014	CDC	Conduct NOFA Panel Review
Winter 2015	CDC	Develop and execute contract with the selected housing developer and supportive service provider
2017	CDC	New housing development will begin leasing up to target population and providing YDP



*Functional Title: Director of the Homeless Single Adult Model (SAM)*  
**Senior Staff Analyst**  
**Single Adult Model (SAM) Collaborative**

**Position Overview**

This position serves as the Director of the Homeless Single Adult Model multi-departmental collaborative between DHS, DMH, DPSS, DPH and CDC and will be responsible for planning, organizing and directing the SAM project. The position directs, coordinates, implements and manages all aspects of the SAM program, and will be responsible for overseeing the day-to-day operations. In addition, the Director of SAM must evaluate the program, recommend needed revisions to the model, supervise the SAM staff and provide professional and technical guidance to the collaborative.

This position will receive overall direction from the SAM Executive Steering Committee and will lead the multi-department collaborative process that coordinates all of the elements of SAM and ensures a cohesive and streamlined system of care. The Director of SAM will be housed at DHS and will receive administrative supervision from the DHS Director of Housing for Health.

**Duties include:**

- Plans and organizes all aspects of SAM with a focus on securing permanent housing for homeless single adults with needed community supports that promote recovery, stability and well-being.
- Directs the implementation and day-to-day operation of SAM.
- Supervises the SAM staff and all aspects of the project.
- Coordinates the work of the SAM staff to ensure that all elements of the program operate in a streamlined and systemic manner.
- Develops and implements Memoranda of Understanding with the applicable County departments to formalize the SAM multi-department collaborative.
- Works with community-based organizations to promote integrated and coordinated systems of care.
- Formulates, develops and executes SAM policies and procedures.
- Evaluates program activities and progress, and develops, recommends and implements program modifications.
- Develops initiatives and innovative strategies to retain clients in permanent housing.
- Ensures that SAM delivers services with a strong emphasis on addressing psychosocial factors to reduce any impact on health outcomes and to strengthen the connection between primary care and behavioral health.
- Ensures that all SAM participants who are disabled get on the SSI track.
- Implements actions to assure that SAM operations are cost-effective by analyzing internal and external costs, resource utilization and performance data, and developing and enforcing actions designed to address inefficiencies.
- Oversees the training and staff development opportunities to enhance abilities to best meet the changing needs of SAM participants and the program.
- Oversees the budget and invoicing.



- Develops and implements a process for regular multidisciplinary case conferencing of SAM participants.
- Oversees the collection and analysis of data and information related to SAM to use in planning and enhancing service delivery.
- Identifies and seeks funding opportunities for the establishment, extension and/or expansion of SAM, including the development of grant proposals and other funding requests.
- Directs and assures completion of reporting requirements for SAM, including progress reports, expenditure reports, quality assessment, and program outcomes.
- Coordinates and facilitates regular meetings for SAM staff and SAM Executive Steering Committee.

## **Requirements**

### **Training and Experience:**

One year of highly responsible and complex administrative or staff experience at the level of the County of Los Angeles class of Supervising Administrative Assistant III, Assistant Hospital Administrator II, Staff Analyst, Health, or higher.

### **Desirable Qualifications**

- A Master's Degree in Social Work or related field.
- Five years of professional experience in a recognized social service agency, clinic, hospital or public health agency.
- Excellent oral and written communication skills.
- Three years of the experience must have been in a supervisory, consultative or administrative capacity.
- In-depth knowledge of and experience in social services, care management, planning and administration.
- Demonstrated excellent leadership ability through involvement in the development of homeless care delivery models.
- Strong leadership and interpersonal skills including the ability to motivate people, team building and lead teams, communicate, mobilize partnerships and integrate multiple programs.
- Strong clinical and systems-based knowledge.
- Ability to develop and execute policies and programs for the improvement of patient care, clinical effectiveness and operational efficiency.
- Experience in directing multiple efforts/services that serve diverse patient populations and demographic profiles.
- Experience with organizational and community change, and strategic planning.
- Experience interacting with public officials, professional personnel, employee unions, advocacy groups, external organizations, and the general public.

*Functional Title: Multidisciplinary Integrated Teams Program Coordinator*  
**Mental Health Services Coordinator II**  
**Single Adult Model Collaborative**

**Position Overview**

This position serves as the Single Adult Model (SAM) Multidisciplinary Integrated Teams (MITs) program coordinator. Under the direction of the Department of Mental Health (DMH) MITs program manager, this position will be responsible for overseeing the MITs implementation, the day-to-day operations of the MITs and monitoring the MITs for contract compliance. In addition, this position will provide technical assistance to the MITs. This position will be housed at the DMH and supervised by the MITs program manager.

**Duties include:**

- Provides administrative support to the MITs program manager.
- Provides training, consultation and technical assistance to the MITs.
- Reviews and approve the MITs requests to provide ongoing services to clients they outreached.
- Reviews the MITs notification to terminate services submissions.
- Reconciles the list of MITs clients who were approved by DMH to receive ongoing services with the MITs providers' client lists and the Integrated Behavioral Health System on a monthly basis.
- Reviews the Supplemental Security Income/Supplemental Security Disability Income application status of the MITs clients to ensure applications are submitted for clients that are eligible for these benefits.
- Reviews allocation/expenditure reports and discusses expenditures that are over or under what would be expected with the MITs providers.
- Conducts site reviews at least monthly to monitor the MITs providers' compliance with the Agreement requirements, including the performance requirements.
- Reviews the MITs providers' self-report Critical Time Fidelity scales and discusses findings that are below what is expected with the provider, if applicable.
- Reviews the MITs providers' self-assessment program monitoring tool and discuss any concerns with the provider, if applicable.
- Reviews the MITs providers' client satisfaction survey summary report and discuss any concerns with the provider, if applicable.
- Reviews MITs providers' requests for training and collaborates with the Department's training division to develop and schedule these trainings.
- Assists with coordinating MITs provider meetings.
- Assists with reviewing the MITs providers' data and discusses any concerns with the provider, if applicable.
- Links individuals in need of outreach and engagement as requested by Board offices, other DMH outreach programs, local businesses, law enforcement and other community members/agencies to a MIT provider.
- Directs MITs providers' to outreach in areas which are high priority for the County/Board offices.

- Reviews the MITs providers' outreach logs to ensure the information on the logs complies with the requirements.
- Reviews the MIT providers' client records for to ensure the documentation complies with the requirements.
- Reviews and approves requests to provide MITs services in other than in the field.
- Liaisons with the Single Adult Model (SAM) Triage Navigators.
- Links clients that have been referred by the SAM Triage Navigator to a DMH SB 82 assessment team and follows up to ensure DMH eligible referrals are linked to a DMH case manager.

## **Requirements**

### **Training and Experience:**

One year's experience as a Mental Health Services Coordinator I.

-OR-

A Master's degree from an accredited college with specialization in clinical psychology, public health, nursing, rehabilitation, social work, education, behavioral sciences, public administration, or urban planning, and four years' experience in community mental health work or in delivery of mental health services in an inpatient psychiatric setting, or in a County contracted mental health program, two years of which must have included administrative responsibility in a staff or supervisory capacity.

-OR-

A Bachelor's degree from an accredited college with specialization in public health, nursing, rehabilitation, social work, education, behavioral sciences, public administration, or urban planning, and five years' experience in community mental health work or in delivery of mental health services in an inpatient psychiatric setting, three years of which must have included administrative responsibility in a staff or supervisory capacity.

## **Desirable Qualifications**

- Three years of experience in program implementation.
- Three years of experience in program oversight including contract compliance monitoring.
- Experience working with individuals who are homeless and who have co-occurring mental health, physical health and/or substance use disorders.
- Strong interpersonal skills.
- Experience interacting with other County department and County contract agency personnel, and the general public.
- Excellent oral and written communication skills.
- Strong organizational skills and ability to prioritize.
- Proficiency in using Microsoft Word, Excel, and Power Point.

*Functional Title: Triage Navigator for the Homeless Single Adult Model (SAM)-Linkages to Services*

**Assistant Staff Analyst  
Homeless Single Adult Model (SAM) Collaborative**

**Position Overview**

This position is responsible for providing administrative and programmatic oversight of SAM with a focus on overseeing the connections to DHS or DMH case management and other supportive services. This position will be supervised by the Director of SAM.

**Duties include:**

- Receives and reviews SAM PSH Applications and links applications to appropriate DHS case manager or DMH MIT Coordinator.
- Facilitates the intake process by assisting the SAM case managers with obtaining income verification, ID, birth certificates, etc.
- Ensures linkages to case management, health, mental health, as well as other needed supportive services for housing retention.
- Develops partnerships with DHS and DMH funded case management providers.
- Provides ongoing communication and strong connections to serve as a liaison to service providers on behalf of all SAM participants.
- Assists SAM case managers in arranging for temporary or permanent housing whenever possible.
- Acts as a liaison with DHS, DMH and DPH or any other relevant County agency to provide efficient access to health, mental health and substance abuse services.
- Monitors project performance and outcomes.
- Assists the Director of SAM, as needed.
- Tracks SAM program participants and data outcomes by maintaining a database to track program progress.
- Drafts data and written reports on program outcomes.
- Provides back-up support to the Triage Navigator for the Homeless Single Adult Model (SAM) – SSI Acquisition.

**Requirements**

**Training and Experience:**

Three years of experience in a staff capacity analyzing and making recommendations for the solution of problems of organization, program, procedure, budget or personnel -



OR - Two years of highly responsible administrative or staff experience at the level of the County of Los Angeles class of Administrative Assistant III, Assistant Hospital Administrator I, Contract Program Auditor, or higher - OR - One year of responsible staff experience in health care financial operations, or in professional Accounting.

**Desirable Qualifications**

- Bachelor's Degree in Social Work or related field.
- At least two (2) years working with adult homeless populations.
- Experience working in a multidisciplinary team.
- Excellent oral and written communication skills.
- Demonstrated leadership ability through involvement in multidimensional tasks.
- Strong leadership and interpersonal skills including the ability to motivate people, team building and lead teams, communicate, mobilize partnerships and integrate multiple programs.
- Ability to develop and execute policies and programs for the improvement of patient care, clinical effectiveness and operational efficiency.
- Experience interacting with public officials, professional personnel, employee unions, advocacy groups, external organizations, and the general public.

*Functional Title: Triage Navigator for the Homeless Single Adult Model (SAM)-SSI Acquisition*

**Assistant Staff Analyst  
Homeless Single Adult Model (SAM) Collaborative**

**Position Overview**

This position is responsible for providing administrative and programmatic oversight of SAM with a focus on overseeing the application and acquisition of SSI for SAM participants for quick access to SSI benefits. This position will be supervised by the Director of SAM.

**Duties include:**

- Oversees the SSI application process for all SAM participants.
- Ensures that SAM participants are thoroughly assessed to qualify for SSI/SSDI.
- Submits thorough and complete SSI/SSDI applications that have all past and current health records documenting disabilities to the Social Security Administration (SSA) and Disability Determination Services (DDS) for approval.
- Ensures access to health and mental health providers as needed to document eligibility for SSI and for maximum well-being.
- Serves as an advocate for the SAM participant and a liaison with the SSA and the DDS to ensure progress of the SSI/SSDI application.
- Ensures that the SAM participants have all past and current health records, identification, and all other documents necessary for a complete SSI/SSDI application to maximize eligibility.
- Develops partnerships with the SSA and DDS on behalf of the SAM program.
- Provides ongoing communication and staff development for health and mental health providers regarding proper documentation needed to justify SSI eligibility.
- Acts as a liaison with the County departments and record retrieval staff to provide efficient access to health and mental health records.
- Coordinates efforts with the DPSS SSI advocacy program.
- Provides back-up support to the Triage Navigator for the Homeless Single Adult Model (SAM) – Linkages to Services.
- Monitors project performance and outcomes, and assists the Director of SAM, as needed.
- Draft data and written reports, and maintains a database to track program progress.

## **Requirements**

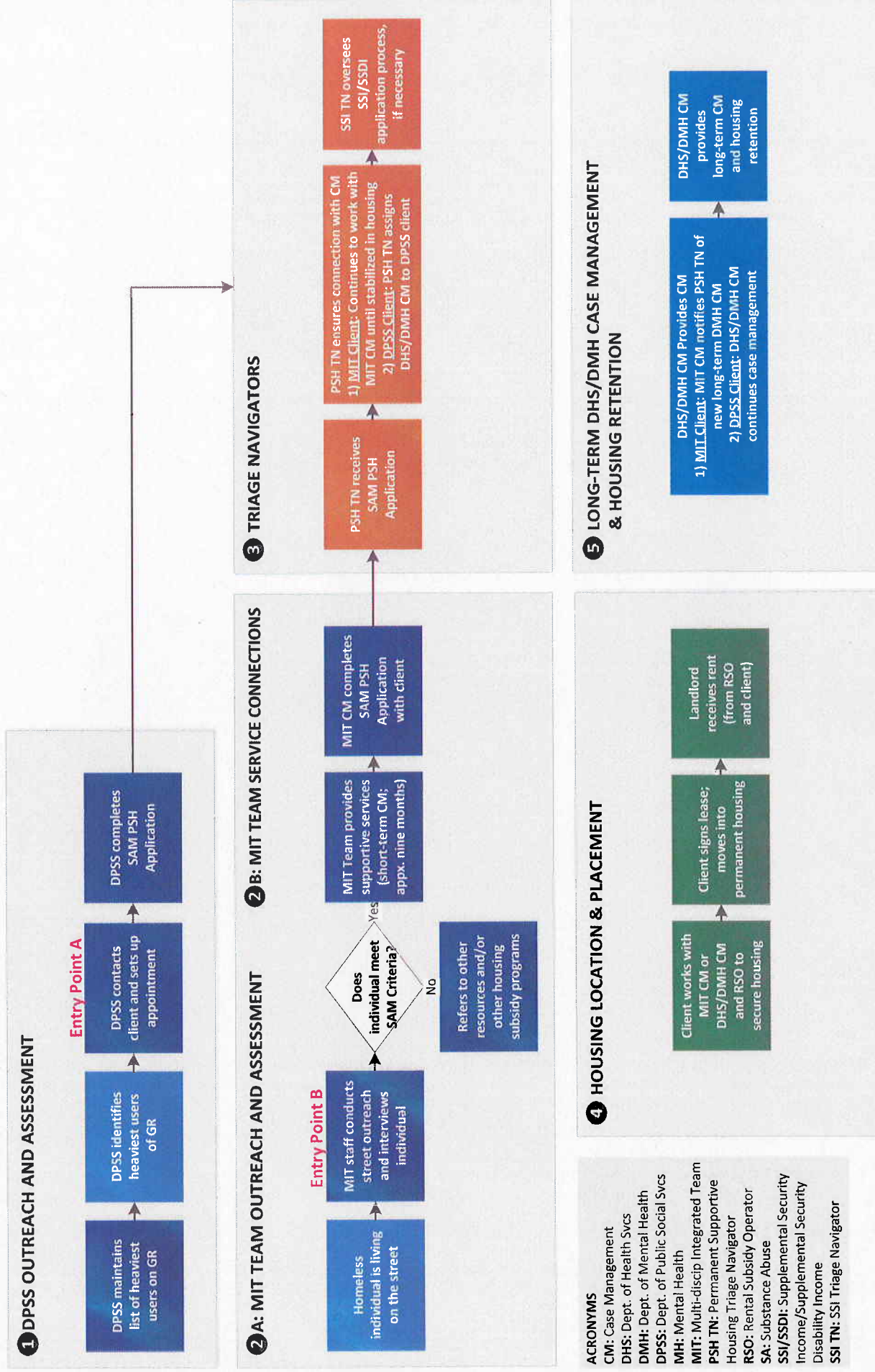
### **Training and Experience:**

Three years of experience in a staff capacity analyzing and making recommendations for the solution of problems of organization, program, procedure, budget or personnel - OR - Two years of highly responsible administrative or staff experience at the level of the County of Los Angeles class of Administrative Assistant III, Assistant Hospital Administrator I, Contract Program Auditor, or higher - OR - One year of responsible staff experience in health care financial operations, or in professional Accounting.

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- Demonstrated leadership ability through involvement in multidimensional tasks.
- Strong leadership and interpersonal skills including the ability to motivate people, team building and lead teams, communicate, mobilize partnerships and integrate multiple programs.
- Ability to develop and execute policies and programs for the improvement of patient care, clinical effectiveness and operational efficiency.
- Experience interacting with public officials, professional personnel, employee unions, advocacy groups, external organizations, and the general public.

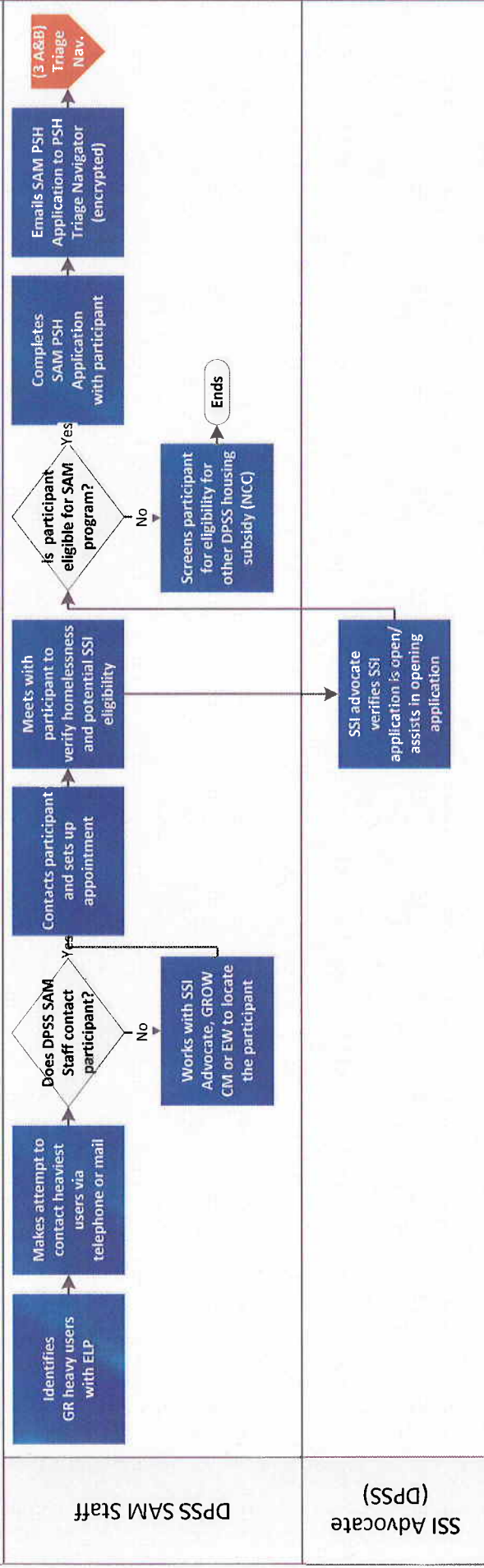
The SAM model is designed to coordinate permanent housing and supportive services for homeless single adults.



# 1 Single Adult Model (SAM): Department of Public Social Services (Entry Point A)

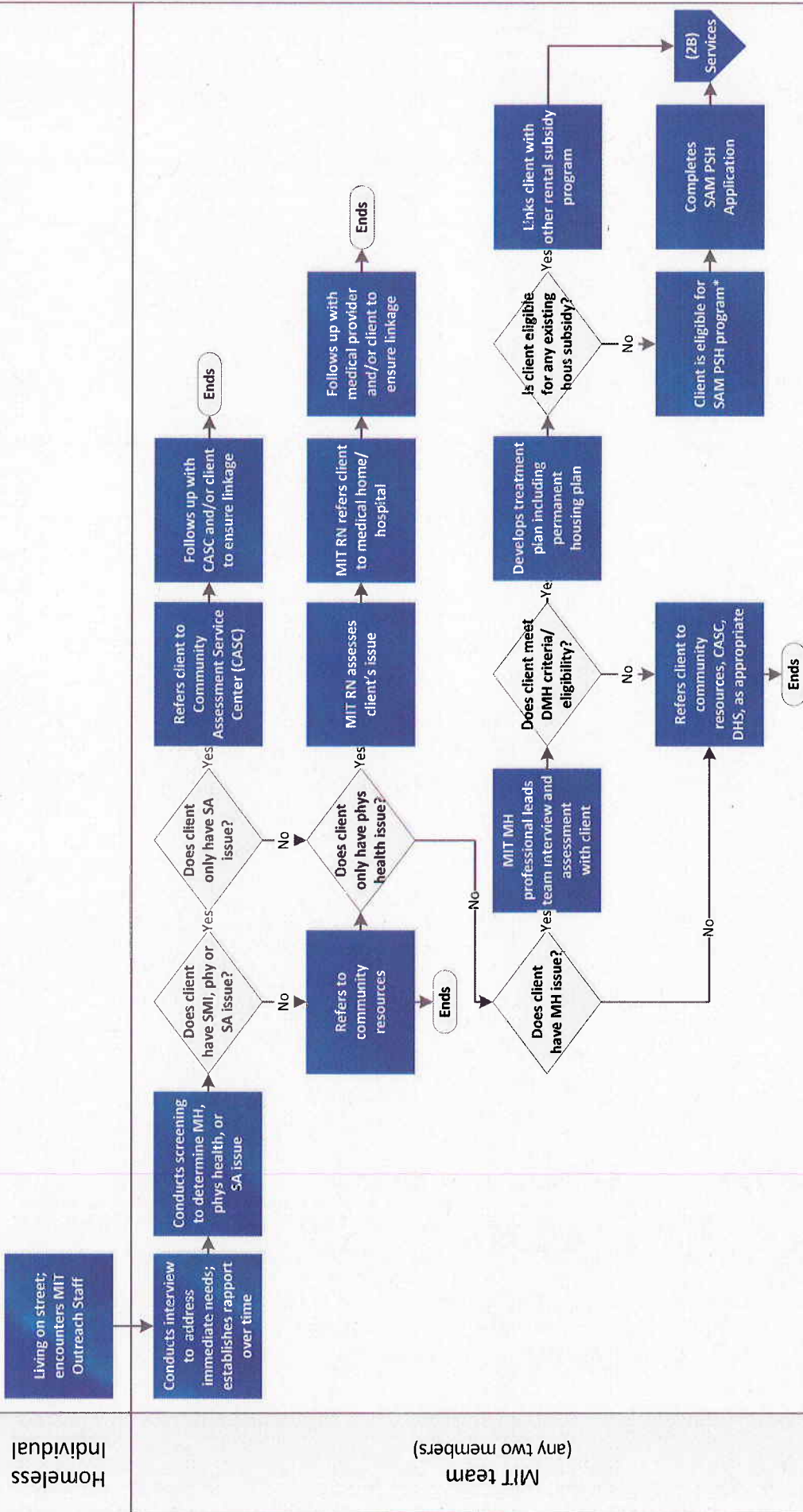
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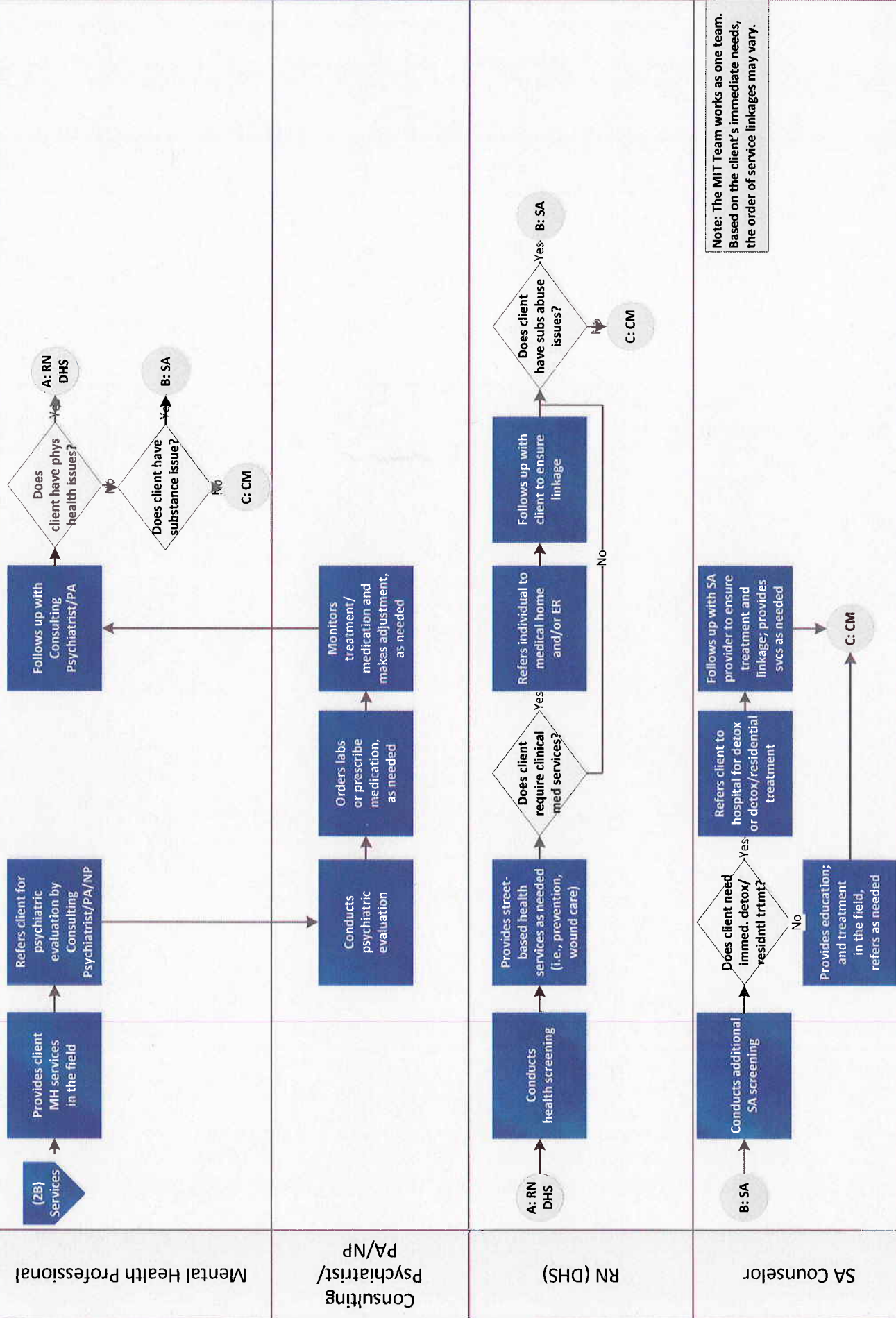


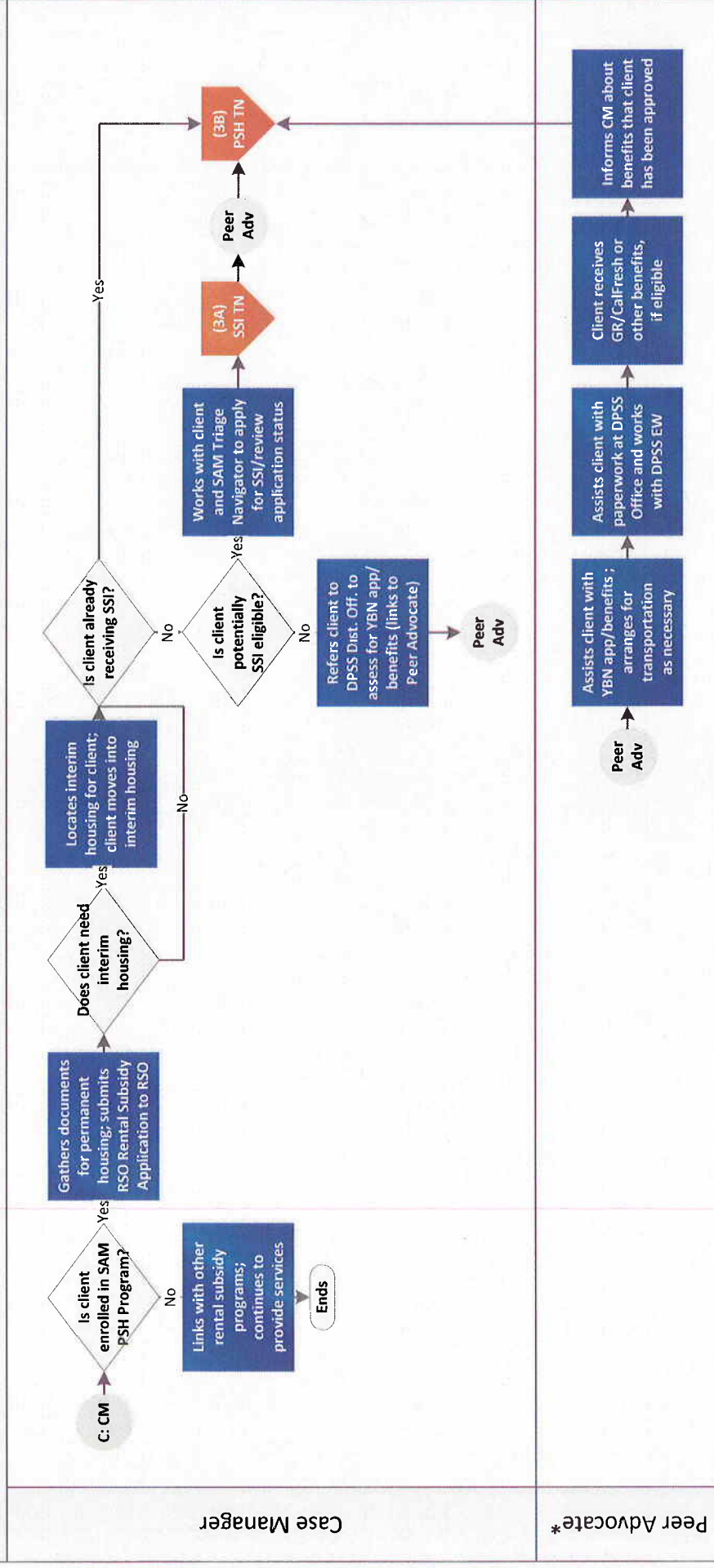
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Note: The SAM program is estimated to annually serve a total of 410 individuals. DPSS will refer an estimated 330 individuals to SAM, and the MIT team will conduct street outreach to refer an estimated 80 individuals to PSH funded through SAM. Each Service Planning Area (SPA) will have one MIT team, except for SPAs 3 & 7, which will have one MIT team.

\*Prioritization for SAM Rental Subsidy will be based on vulnerability measured by an assessment tool.



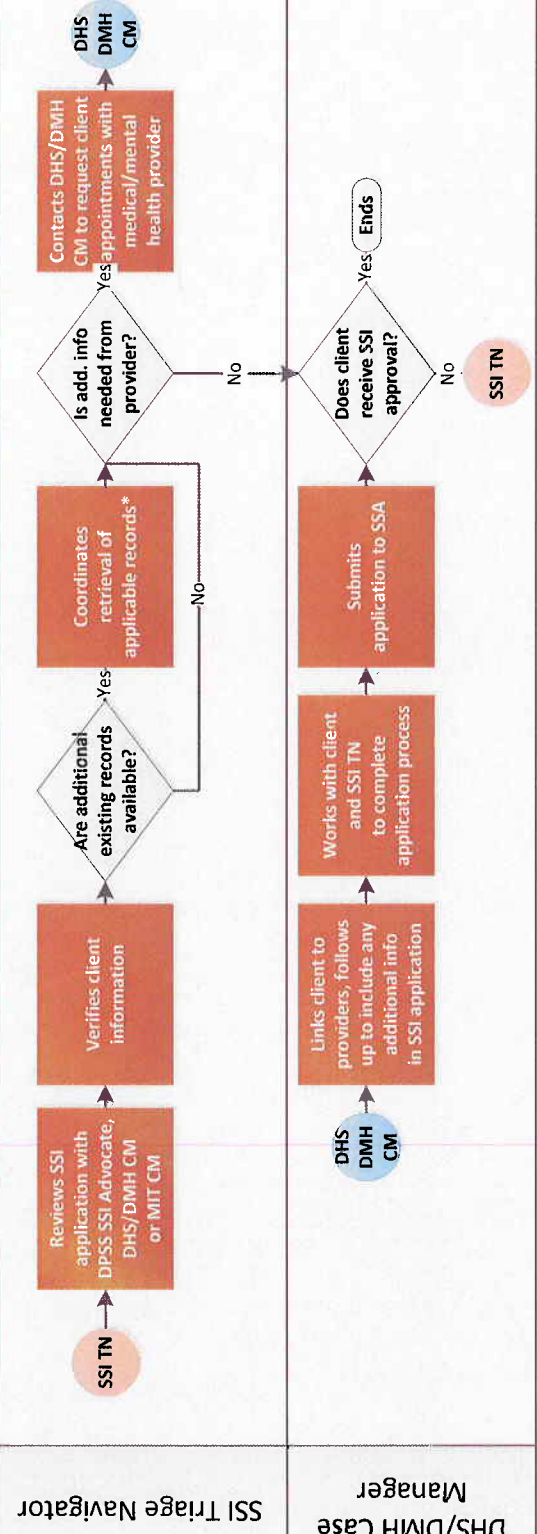
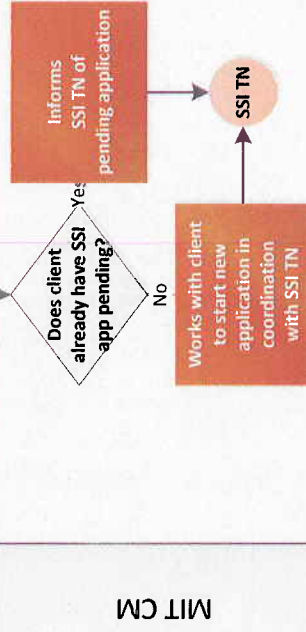
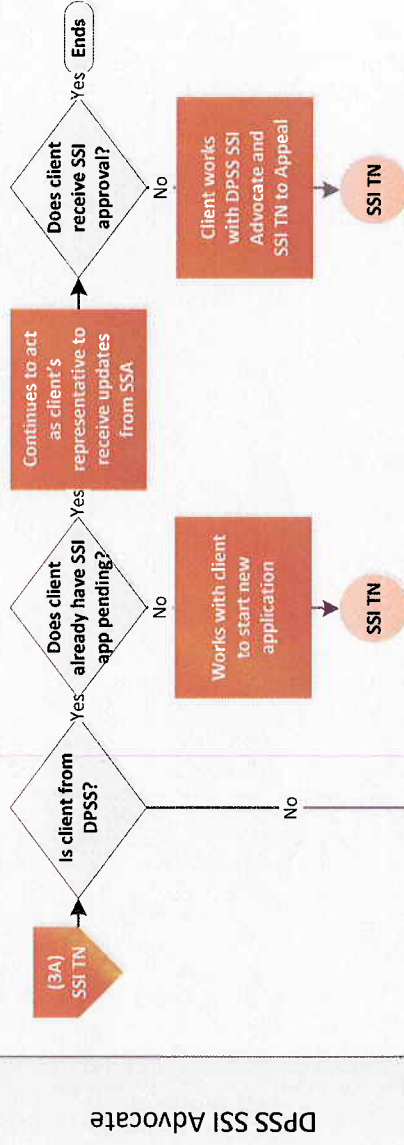


\*Peer Advocate will assist client with mentoring, coaching, accompany client to appointments; and assist with gathering required documents for PSH.



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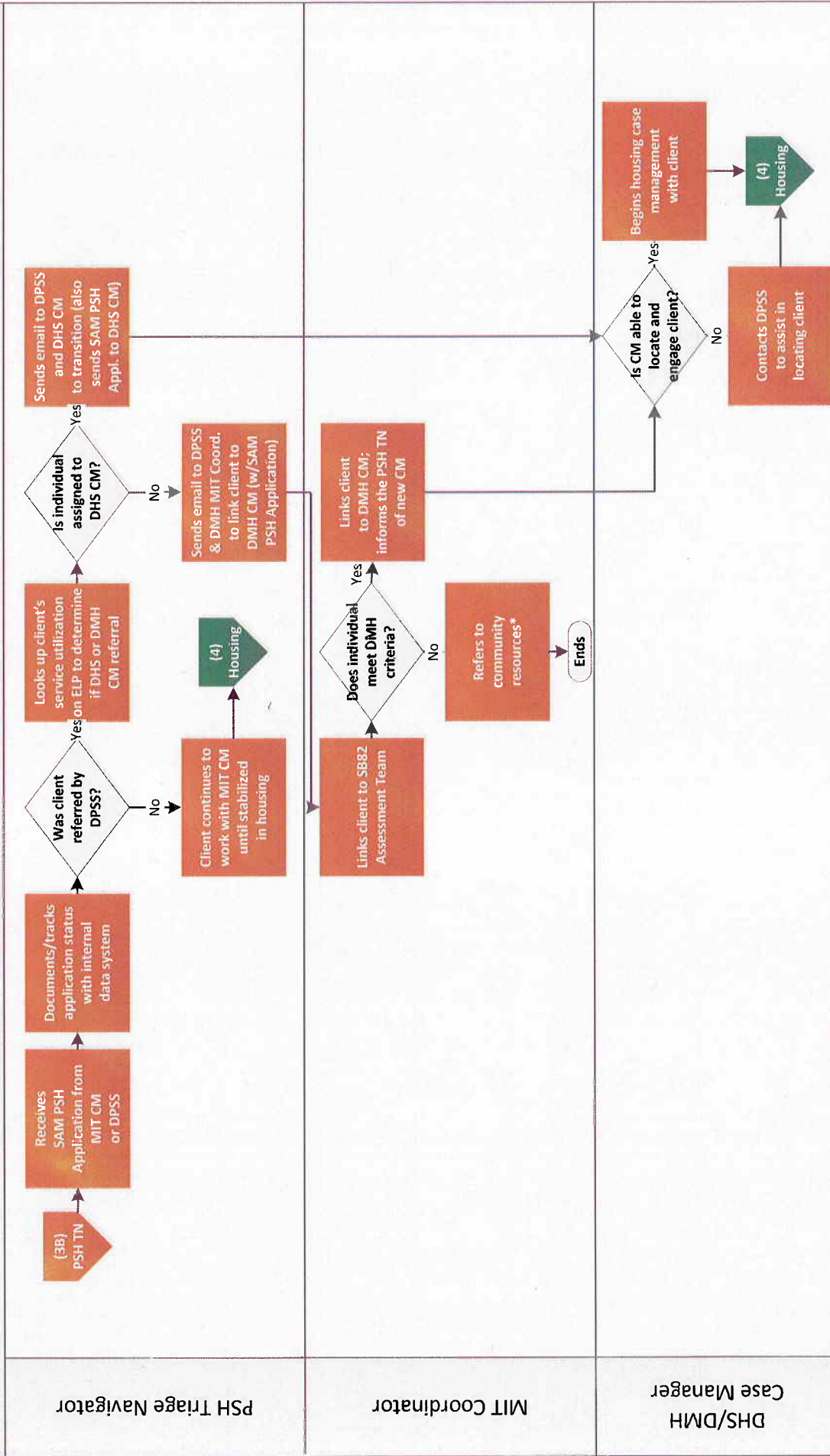
One DPSS SAM Coordinator/SSI Advocate from each of the 14 DPSS District Offices will be in contact with the SSI Triage Navigator.



\*Coordination of record retrieval, may include staff from DPSS, DMH, DHS, Sheriff, or other agencies.



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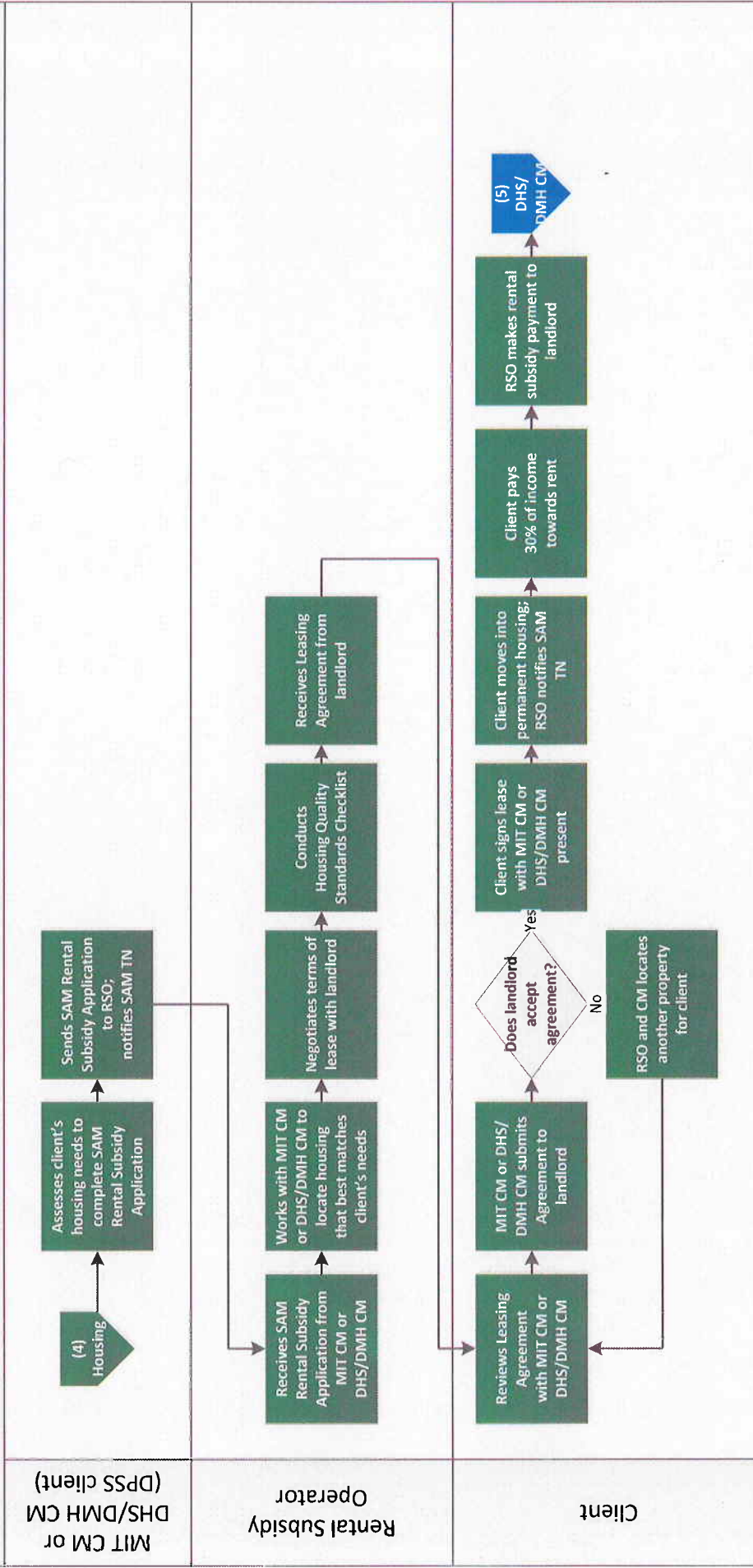


\* Individual would most likely meet DMH criteria, if a high utilizer of DMH. However, if individual does not meet DMH criteria, the PSH TN would assess if individual is a DHS patient; and therefore, qualify for DHS CM.

#### 4 SAM Housing Location and Placement

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3/10/14



## 5 Long-term DHS/DMH Case Management & Housing Retention

5

3/10/14

